



CAM-RISK MGMT P.O. BOX 53364

OKLAHOMA CITY, OKLAHOMA 73152

TEL: 405-521-4999, FAX: 405-522-0403

**IMPORTANT**

1. Is this the first time you have reported this building to Risk Management?  Yes  No
2. Is this an update or change to a building you have previously reported to Risk Management?  Yes  No
3. If this is an update, **provide Risk Management's generic building number:** \_\_\_\_\_

**COMPLETE THE FOLLOWING**

Agency \_\_\_\_\_ Agency number \_\_\_\_\_

Leased/occupied structure's name \_\_\_\_\_

Physical location (address) \_\_\_\_\_

Structure owned by \_\_\_\_\_

Structure insured by \_\_\_\_\_

County \_\_\_\_\_ Type of security \_\_\_\_\_

Number of square feet used or leased by agency \_\_\_\_\_

Sprinkler system  Yes  No

Heat or smoke detectors  Yes  No Fire extinguisher  Yes  No

Fire hydrants  Yes  No Maintenance of structure \_\_\_\_\_

Functional use \_\_\_\_\_

**Special comments or instructions for insurance:**

**YOU MUST COMPLETE  
THIS SECTION TO  
ASSURE COVERAGE**

Contents replacement value \$ \_\_\_\_\_

Computer replacement value \$ \_\_\_\_\_

Other replacement value \$ \_\_\_\_\_

Form completed by \_\_\_\_\_ Name and title \_\_\_\_\_ Date \_\_\_\_\_